



**Return to:**

*Office of the City Clerk*

*Attention: Debbie White*

*320 Broadway*

*Hannibal, Mo 63401*

*Phone (573) 221-0111 ext.221*

*Fax (573) 221-8191*

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**SCRAP DEALER APPLICATION  
CITY OF HANNIBAL MO.**

Date of Application \_\_\_\_\_

Trade Name of  
Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Individual Ownership \_\_\_\_\_

Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Names, residence address, telephone number of individual owner, partners, or officers, as applicable:

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1. List all trade names used during the previous five (5) years by the applicant and each person signing the application, along with the locations of prior establishments, if applicable.

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2. Attach a sketch (of a suitable scale as determined by the City Engineer and Building Inspector) of the actual premises to be used in connection with the business, giving distances in feet and showing adjoining roads property lines, building and uses.
3. Attach a description of any materials with which any buildings to be sued in connection with the licensed business are, or are to be, made. Show the location of such buildings on the business premises, and a diagram or plan giving distances and heights, showing floors, exits, entrances, windows, ventilators and walls.
4. Be prepared to provide such other information as the Building Inspector, or his authorized representative, shall reasonably request for the necessity of effectuating a fair determination of compliance with the ordinance. The license as issued shall bear the following language on its face;

**IMPORTANT** this license applies only to the premises indicated herein and authorizes the licensee to operate a scrap yard in a lawful place and manner only; it is not a substitute for any certificate of occupancy or building permit that might be required of the licensee by law, and it does not relieve the licensee of the responsibility to have all such required permits or certificates at all times and comply with all laws affecting the above described business.

5. Copies of this application for approval, in the following order:
  - a. Chief of Police
  - b. Fire Chief
  - c. Building Inspector (will advise in writing)

Final Approval should be either approved or denied within (30) days of the application.

City Clerk \_\_\_\_\_ Date \_\_\_\_\_

Chief of Police \_\_\_\_\_ Date \_\_\_\_\_

Fire Chief \_\_\_\_\_ Date \_\_\_\_\_

### **AFFADAVIT OF OWNERS, PARTNERS, OR OFFICERS OF SCRAP DEALER APPLICATION**

Business Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

#### **Sec. 15-252 Application**

- (a) Scrap dealer. An applicant for a license as a scrap dealer under this article shall file, with the city clerk, a written application signed by himself if an individual, by all partners if a partnership, and by the president or chief officer if a corporation or other organization, upon forms provided by the City Clerk, together with two copies of such application and a fee as hereinafter prescribed. The application shall be sworn to by each of its signers before a notary public or other officer authorized by law to administer oaths and shall include the following information or material:
  - (1) Name, residence, address, and telephone number of each individual owner, partner, or, if a corporation or other organization, each officer and director.
  - (2) Trade names used during the previous five years by the applicant and each person signing the application, along with the locations of prior establishments.
  - (3) The trade name and address of the business on behalf of which application is made and its telephone number, if assigned.
  - (4) Exact address or location of the place where the business is or is proposed to be carried on, plus a sketch of the actual premises to be used in connection with the business, giving distances in feet and showing adjoining roads, property lines, buildings, and uses.
  - (5) A description of the materials with which any buildings to be used in connection with the licensed business are, or are to be made; a sketch giving distances, showing the location of such buildings on the business premises; and a diagram or plan giving distances and heights, showing floors, exits, entrances, windows, ventilators, and walls.
  - (6) Such other information as the building inspector or his duly authorized representative shall find reasonably necessary to effectuate the purposes of this article and to arrive at a fair determination of whether the terms of this article have been complied with.

*Missouri Department of  
Revenue, Business Tax Bureau – Phone (573) 751-5860*

*License Number:* \_\_\_\_\_ *Fee:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**BUSINESS INFORMATION**

Name of Business \_\_\_\_\_ Missouri Sales Tax I.D. # \_\_\_\_\_

Address/Location of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Type and/or Nature of Business (in detail) \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Applicant is      Owner \_\_\_\_\_ Manager \_\_\_\_\_ Agent \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*I hereby certify that all information provided above is true and accurate and that I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been obtained.*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally  
\_\_\_\_\_ appeared \_\_\_\_\_

known to me to be the individual described in and who executed the foregoing instrument and knowledge to me that he executed the same.

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public

**Building Department Inspection**

573-221-0111 (ext 205)

Approved

Disapproved

N/A

Zoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off Street Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building, Structural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Salon Chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Tanning Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complies W/H1 Dist Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Department Inspection**

573-221-0657

Approved

Disapproved

N/A

Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

**Marion County Health Department Information**

573-221-1166

Premises Meets the Requirements of the Marion County Health Department.

Final Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

**REMINDER:**

**Two forms of ID are required to meet State requirements which mandate the City's attempt to verify citizenship. Acceptable documents are Birth Certificate, Driver's License, Social Security Card, or Passport.**

## **ATTENTION:** ***BUSINESSES SELLING GOODS AT RETAIL SALES:***

New requirements as of January 1, 2009 as a directive from the State of Missouri, State Statutes (Section 144.083.2 & 144.083.4 RSMo) reads as follows:

The possession of a statement from the department of revenue stating no tax is due shall also be a prerequisite to the issuance or renewal of any city business license required for conducting business where goods are sold at retail. The statement of no tax due shall be dated no longer than ninety (90) days before the date of the renewal of the city license.

You may access this information on the DOR's Web site, seven days a week, 24 hours a day.

You will need your Missouri Tax Identification Number and Pin (the Dept. of Revenue has already assigned the PIN # and it can be found on the front of your return or voucher book.)

Go to: [www.dor.mo.gov](http://www.dor.mo.gov)

Scroll down to under "What's New"

Click on \*On-Line License No Tax Due Information

Log into on-line License No Tax Due System

Choose \*Business Owner/Tax Payer

You will be able to print your own Statement of NO Tax Due to use when obtaining or renewing your business license.

NOTE\*\*\*\*If your business does not make retail sales, you are not required to present a statement of no tax due to obtain or renew your license.

If you have any questions, please contact:

Missouri Department of Revenue  
Taxation Division  
816-889-2944

NOTE\*\*\*\*If your business does not make retail sales, you are not required to present a statement of no tax due to obtain or renew your license.

If you have any questions, please contact:

Missouri Department of Revenue  
Taxation Division  
816-889-2944